

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90435 015 ***150.00

DOCUMENT # P94000009886
1. Entity Name
 21st Century Automotive Replacement Corporation

Principal Place of Business **Mailing Address**
 5551 NW 72ND AVENUE 5551 NW 72ND AVENUE
 MIAMI, FL 33186 MIAMI, FL 33186

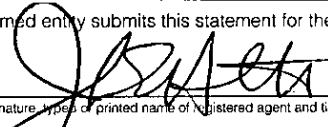
2. Principal Place of Business **3. Mailing Address**
 9115 NW 105th Circle 9115 NW 105th Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Medley, FL 33171 Medley, FL 33171
Zip **Country** **Zip** **Country**
 33178 USA 33178 USA

4. FEI Number **Applied For**
 65-0485696 ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 TAMAYO, ARLES
 9230 SW 134TH PLANCE
 MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name John E Hartwell
Street Address (P.O. Box Number is Not Acceptable) 3640 SW 185th Avenue
City Miramar **FL** **Zip Code** 33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  **DATE** 5/4/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Tamayo, Arles		NAME JOHN E HARTWELL	
STREET ADDRESS		STREET ADDRESS 3640 SW 185TH AVENUE	
CITY-ST-ZIP		CITY-ST-ZIP MIRAMAR, FL 33029	
TITLE vps	<input checked="" type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Tamayo, Teresa		NAME LINDA HARTWELL	
STREET ADDRESS		STREET ADDRESS 3640 SW 185TH AVENUE	
CITY-ST-ZIP		CITY-ST-ZIP MIRAMAR, FL 33178	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 5-4-00 **Daytime Phone #** 305-885-1429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)